



160 Oakridge Blvd., Ottawa, ON K2G 2V2 Tel: (613)228.7764
Email: ccgc@responsibledogowners.ca Website: www.responsibledogowners.ca

Application to become a Canadian Canine Good Citizen™ Evaluator

Qualifications of a CCGC™ Evaluator

- 1) twenty-one (21) years of age or over;
- 2) a member in good standing of RDOC;
- 3) certified trainer or behaviourist with a recognized institute or actively involved in canine activities for a minimum of three (3) years (600 hours) with at least one recognized training facility, a canine-related club or activity or rescue organization;
- 4) comprehensive knowledge and experience of/in dog behaviour, e.g. breeding, showing, performance events, dog training, canine-related education, obedience, assistance, or therapy animal training, veterinary care, professional canine services, rescue, etc.;
- 5) must provide one (1) character reference and one (1) reference attesting to skills in handling and training dogs.

Note: Former HABAC-certified evaluators are considered grandfathered as RDOC evaluators provided they apply for membership with RDOC.

APPLICANT INFORMATION						
Last Name			First Name		Date	
Street Address					Apartment/ Unit #	
City			Province		Postal Code	
Telephone	Home	Office	E-mail Address			
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Certificate(s)

Please provide a copy of certificate(s) directly relevant to the qualifications of a CCGC™ Evaluator as described above.

EXPERIENCE
Please provide a brief history of your schooling, training and/or experience working with dogs and their owners. Please include a list of training facilities, clubs or rescue organizations. You need to substantiate that you meet the qualifications described above. Attach an additional page if necessary.

MEMBERSHIPS	
<input type="checkbox"/> RDOC <input type="checkbox"/> Canadian Kennel Club <input type="checkbox"/> Canadian Dog Judges Association <input type="checkbox"/> Canadian Association of Professional Pet Dog Trainers	
<input type="checkbox"/> International Positive Dog Trainers Association <input type="checkbox"/> National Association of Dog Obedience Instructors	
<input type="checkbox"/> International Association of Canine Professionals <input type="checkbox"/> American Kennel Club <input type="checkbox"/> Association of Pet Dog Trainers	
<input type="checkbox"/> Other (please list)	

REFERENCES			
Please list one (1) personal reference and one (1) reference attesting to your handling and training skills			
1. Full Name		Relationship	
Address		Phone	()
E-mail			
2. Full Name		Relationship	
Address		Phone	()
E-mail			

PERMISSION TO RELEASE INFORMATION		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you become an RDOC approved CCGC™ evaluator, may we publish your name and contact information? Please mark your preferences below: You may publish my name and e-mail address on the RDOC website (www.responsibleogowners.ca). <i>(You must provide an e-mail address in order to appear in the listing of evaluators on the RDOC website)</i>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	You may provide my name and telephone number in response to a telephone inquiry.

DISCLAIMER AND SIGNATURE
<input type="checkbox"/> I acknowledge that I have read and understood all of the questions and that I have answered fully and factually. I, therefore, certify that I meet all of the minimum qualifications, stated herein, and that my answers are, to the best of my knowledge and belief, true and accurate. <input type="checkbox"/> I have not been convicted of any criminal activities relating to animal abuse or other offences under the Animal Protection Act or related Municipal Bylaws. <input type="checkbox"/> I indemnify Responsible Dog Owners of Canada and their Directors from any liability that could result from any dispute or cause of action between myself as an RDOC CCGC™ approved evaluator and any organization contracting my services as an evaluator or any individual taking a CCGC™ Test. Any such action will be handled by the parties involved and Responsible Dog Owners of Canada will not be considered a party to such action.

_____ Signature _____ Date

Office Use Only		
<input type="checkbox"/> RDOC Member	<input type="checkbox"/> CGN or CGC Evaluator	Evaluator Number
<input type="checkbox"/> Former HABAC Evaluator	<input type="checkbox"/> Therapeutic Animal Evaluator	